

State Consumer and Family Advisory Committee Nomination Form

Note: All completed forms should be sent to:

Suzanne B. Thompson, Team Leader

Consumer Empowerment Team

Advocacy and Customer Service

3009 Mail Service Center

Raleigh, NC 27699-3009

suzanne.thompson@dhhs.nc.gov

(336) 689-4235 - State Cell

Advocacy & Customer Service Section (919) 715-3197 - *Phone* (919) 733-4962 - *Fax*

NOMINEE INFORMATION

Name: _____

Self nomination _____ or Nominated by _____

Has nominee consented to serve if selected? ____ Yes ____ No

Address: _____

City: _____ **Zip:** _____ **County:** _____

Phone: _____ **E-Mail:** _____

Gender: Male _____ Female _____

Ethnic Background: African-American _____ Hispanic _____ Native American _____ Asian _____
Caucasian _____ Other (Please Indicate) _____

Nominee is a: ____ Consumer ____ Family Member of Consumer (i.e.: parent, spouse, etc.)

Nominee represents which of the following disability groups:

____ mental health ____ developmental disabilities ____ substance abuse

Relationship to Consumer (if a Family Member) _____

PLEASE LIST ALL OF THE NOMINEE'S INVOLVEMENTS IN MH/DD/SA IN THE COMMUNITY (Check everything that applies)

____ Member of local Consumer and Family Advisory Committee (name) _____

____ Local advocacy group(s) (list) _____

Do you work directly or contract with any of the following:

____ local LME/MCO ____ provider agency ____ advocacy group ____ other

(give details of work) _____

Other involvement with your local LME or Providers (explain) _____

Applicants with disabilities and needs requiring special accommodations may contact our office. Appropriate arrangements can be made to ensure successful participation on the State CFAC.

NOMINEE'S INTEREST AND QUALIFICATIONS

Please check all areas that apply to applicant:

- | | |
|---|--|
| <input type="checkbox"/> Ability to Influence Policy | <input type="checkbox"/> Recruitment Skills |
| <input type="checkbox"/> Served on other Boards/Committees | <input type="checkbox"/> Email Use |
| <input type="checkbox"/> Telephone Skills | <input type="checkbox"/> Writing/Summarizing Reports |
| <input type="checkbox"/> (Research/Collection of Information) | <input type="checkbox"/> Editing Documents |
| <input type="checkbox"/> Statistics/Survey Development/ | <input type="checkbox"/> Calculator |
| <input type="checkbox"/> Evaluation of Surveys | <input type="checkbox"/> Disability Specific Knowledge |

Computer abilities:

- | | |
|---|---|
| <input type="checkbox"/> MS Word Processing | <input type="checkbox"/> Excel Spreadsheets |
| <input type="checkbox"/> Access Database | <input type="checkbox"/> PowerPoint |
| <input type="checkbox"/> Publisher | <input type="checkbox"/> Internet Research |

Please describe the nominee's qualifications to serve on the State Consumer and Family Advisory Committee. Make sure that you include all relevant experience that relates to advocacy, productive team – building, and problem – solving skills:

Please include a brief bio.

*(Office use only)*****

Date Received_____Reviewed By_____

Disposition_____
